

CALIFORNIA STATE PERSONNEL BOARD
SPECIAL TESTING ARRANGEMENTS
QUESTIONNAIRE FOR APPLICANTS WITH DISABILITIES
SPB-351 (12/98)

You may be asked to provide verification of your disability if the information is needed to determine what assistance can be provided.

NAME

Home Phone (Indicate if TDD #)

MAILING ADDRESS

Work Phone (Indicate if TDD #)

EXAMINATION TITLE

1. How does your disability or medical condition limit your participation in this examination?

2. Do you use an assistive device(s) which you wish to use during a written and/or verbal examination?

If "Yes", please describe:

☐

Yes

☐

No

3. If written tests are available in special editions - BRAILLE, LARGE PRINT, or TAPE RECORDING, would you prefer taking the special edition test or using a reader?

Specify preference below:

Example:

1st choice: BRAILLE

2nd choice READER

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

4. Do you need a test site which is wheelchair accessible and/or a site free of mobility barriers?

Comments:

☐

Yes

☐

No

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5. Below is a list of typical tasks that may be included in a written, verbal or performance examination. Please indicate the task(s) that you may need assistance while taking an examination.

<u>TASK</u>	<u>Describe Assistance Needed</u> (For example: "reader", "sign language interpreter", "slate & stylus", etc.)
A. Reading test instructions/questions	A. _____
B. Reading Charts.	B. _____
C. Working math problems with paper and pencil.	C. _____
D. Hearing instructions and questions	D. _____
E. Asking or answering questions	E. _____
F. Taking notes (writing)	F. _____
G. Writing lengthy answers to questions	G. _____
H. Marking answers on an answer sheet	H. _____
I. Sitting for several hours	I. _____
J. Sitting at a standard height table or desk (about 27" from floor to table.)	J. _____

Other Task(s) not previously listed that you may need assistance during an examination

Written Test:

<u>Task</u>	<u>Describe Assistance Needed</u>
_____	_____
_____	_____
_____	_____
_____	_____

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Verbal Test:

<u>Task</u>	<u>Describe Assistance Needed</u>
_____	_____
_____	_____
_____	_____
_____	_____

Performance Test:

<u>Task</u>	<u>Describe Assistance Needed</u>
_____	_____
_____	_____
_____	_____
_____	_____

6. Additional Comments:

Signature _____	Date _____
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This Special Testing Arrangements Questionnaire will be kept in a Confidential file at the State Personnel Board.

Requesting testing accommodations will have **NO** effect on your score in the examination.

Please return the completed questionnaire in the envelope provided.